

APPLICATION FOR AN ADMINISTRATIVE CHANGE TO A DEVELOPMENT PLAN



101 W Abram St
Arlington TX 76010
817-459-6502
www.arlingtontx.gov/planning

► For submittal requirements, see appropriate checklist ◀

Request Information

Original Zoning Case: _____ Development Plan Number: _____

Application for Revision Date: _____ Approval of Original Plan Date: _____

Subsequent Revisions to Plan Date(s): _____ ; _____ ; _____

Current Land Use: _____

Detailed outline of proposed changes to Substitute Landscape Plan and the reasons they are required

Owner Information

(if there is more than one owner, please attach a separate application)

☐ Check here if the property owner is represented by an authorized agent.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Fax: _____

Email: _____

**** The owner's original notarized signature is required on this application. No copied prints or faxed copies accepted.**

Representative/Agent Information

Firm Name: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Fax: _____

Email: _____

Special Notes

**INCOMPLETE APPLICATIONS WILL NOT BE
ACCEPTED**

**Contact a Community Development and Planning
staff member if you have any questions.**

Office Use Only

New Substitute Landscape Plan Number: _____ Accepted By: _____

Date Submitted: _____

5/29/2007



Owner Certification and Disclosure

This is to certify that _____, the stated undersigned, is/are the sole owner(s) of the property described above on the date of this application.

_____ Date _____

Owner signature

Print - Owner

_____ Date _____

Agent signature

Print Agent

****All signatures on this application shall be original signatures. No copied prints or faxed copies accepted.**

Notary Statement

All Signatures Must Be Notarized

Before me, the undersigned authority, on this day personally appeared (**Agent**) _____ known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office on this _____ day of _____, 20

SEAL

Notary Public in and for the State of Texas



Before me, the undersigned authority, on this day personally appeared (**Owner**) _____ known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the capacity therein stated.

SEAL

Given under my hand and seal of office on this _____ day of _____, 20

Notary Public in and for the State of Texas

